

**Franklin County Cooperative Health Benefits Program**  
**Express Scripts, Inc. Step Therapy Drug List**

**Most step therapy programs have exception criteria. Depending on a member's specific medical history,  
a back-up medication may be approved without a trial of a front-line medication.  
This list is subject to change without notice.**

Step Therapy Program	Indication	BACK-UP MEDICATION If your prescription is for one of these medications ...	FIRST LINE MEDICATION Step Therapy asks you to first try one of these medications ...	Step Therapy looks for ...
Alzheimer's	Alzheimer's	Aricept, Cognex, Exelon, Razadyne/ER	galantamine/ER, rivastigmine, donepezil	Prior use of 1 first line medication in the last 130 days; for Aricept 23mg prior use of Aricept 10mg (brand or generic) in the last 130 days
Antiepileptic Drugs (AED)	Seizures	<b>Rule 1:</b> Stavzor, Depakote/ER/Sprinkle, Depakene <b>Rule 2:</b> Lamictal/XR/ODT <b>Rule 3:</b> Keppra/XR <b>Rule 4:</b> Trileptal/Oxtellar XR	<b>Rule 1:</b> valproic acid, divalproic sodium <b>Rule 2:</b> lamotrigine <b>Rule 3:</b> levetiracetam/XR <b>Rule 4:</b> Oxcarbazepine	Prior use of 1 first line medication in the last 130 days (Rule 1 to Rule 1, Rule 2 to Rule 2 and Rule 3 to Rule 3)
Angiotensin II Receptor Antagonists (ARBs)	Heart and hypertension	Atacand HCT, Atacand, Avadie, Avapro, Azor, Benicar, Benicar HCT, Cozaar, Diovan HCT, Diovan, Edarbi, Edarbyclor, Exforge, Exforge HCT, Hyzaar, Micardis, Micardis HCT, Teveten, Teveten HCT, Twynsta, Tribenzor	benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, ramipril, quinapril, quinapril/HCTZ, Quinaretic, moexipril, trandolapril, moexipril/HCTZ, benazepril/amlodipine, perindopril, trandolapril/verapamil, enalapril/felodipine, losartan, losartan/HCTZ, eprosartan, irbesartan, irbesartan/HCTZ	Prior use of 1 first line medication in the last 130 days
Antidepressants - Bupropion	Depression	Wellbutrin SR/XL, Aplenzin, Forfivo XL	bupropion SR, bupropion XL, budeprion SR, budeprion XL	Prior use of 1 first line medication in the last 130 days
Antidepressants - Selective Serotonin Reuptake Inhibitors (SSRI)	Depression	Celexa, Lexapro, Luvox CR, Paxil CR, Paxil, Pexeva, Prozac, Prozac Weekly, Sarafem, Zoloft, Viibryd	fluoxetine/weekly, fluvoxamine, paroxetine, paroxetine CR, citalopram, sertraline, escitalopram	Prior use of 1 first line medication in the last 130 days
Antidepressants - Selective Serotonin Norepinephrine Reuptake Inhibitors (SNRI)	Depression	Cymbalta, Effexor, Effexor XR, Pristiq, Venlafaxine extended-release, Savella	fluoxetine, fluvoxamine, paroxetine, citalopram, sertraline, venlafaxine/XR, escitalopram	Prior use of 1 first line medication in the last 130 days; for Savella prior use of 2 medication (SSRI and/or SNRI) in the last 130 days
Avodart	BPH	Avodart, Proscar, Jayln	finasteride	Prior use of 1 first line medication in the last 130 days
Beta Blockers	Heart and hypertension	Toprol XL, Bystolic, Coreg, Levatol, Inderal LA, InnoPran XL, Sectral, Corzide, Tenormin, Kerlone, Timolide, Zebeta, Normodyne, Trandate, Lopressor, Corgard, Blocadren, Inderal, Coreg CR, Ziac, Lopressor HCT, Ziac, Inderide, Tenoretic	acebutolol, atenolol, betaxolol, bisoprolol, carvediol, labetalol, metoprolol tartrate, metoprolol succinate (ER), nadolol, pindolol, propranolol, propranolol ER, timolol, atenolol/chlorthalidone, bisoprolol/hydrochlorothiazide, metoprolol/hydrochlorothiazide, propranolol/hydrochlorothiazide, nadolol/bendroflumethiazide	Prior use of 1 first line medication in the last 130 days
Bile Acid Sequestrants	Triglycerides	Welchol, Questran/Light, Prevalite, Colestid	cholestyramine, colestipol	Prior use of 1 first line medication in the last 130 days
Bisphosphonates Enhanced	Osteoporosis	<b>Step-Three:</b> Fosamax tablets, Fosamax oral solution, Fosamax Plus D, Boniva	<b>Step-One:</b> alendronate, ibandronate <b>Step-Two:</b> Actonel, Actonel Plus Calcium, Atelvia, Binosto	Prior use of a Step-One in the last 130 days for a Step-Two Product. Prior use of a Step-Two medication in the last 130 days for a Step-Three product.
Branded NSAID	Arthritis/Pain	Arthrotec, Mobic, Ponstel, Cataflam, Voltaren, Voltaren XR, Lodine, Lodine XL, Nalfon, Ansaid, Motrin, Indocin, Indocin SR, Orudis, Toradol, Relafen, Naprosyn, Naprelan, Anaprox, Anaprox DS, Daypro, Feldene, Clinoril, Flector, Voltaren Gel, IC 400, IC 800, Zipsor, Pennsaid, Cambia, Sprix, Vimovo, Duexis	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin, diclofenac sodium/misoprostol	Prior use of 2 first line medications in the last 130 days; for Vimovo use of generic omeprazole, generic lansoprazole, or generic pantoprazole AND naproxen (brand or generic); for Duexis use of generic famotidine, cimetidine, nizatidine, or ranitidine AND prescription strength ibuprofen (brand or generic)
Calcium Channel Blockers - Dihydropyridine Products	Heart and hypertension	Adalat CC, Cardene, Cardene SR, Dynacirc, Dynacirc CR, Norvasc, Plendil, Procardia, Procardia XL, Sular	nifedipine SR, nifedipine IR, nicardipine IR, felodipine ER, isradipine, amlodipine, nisoldipine ER	Prior use of 1 first line medication in the last 130 days, grandfathering is not required
Calcium Channel Blockers - Verapamil Products	Heart and hypertension	Covera-HS, Verelan PM, Verelan, Calan, Calan SR, Isoptin, Isoptin SR	verapamil SR, verapamil IR, verapamil ER	Prior use of 1 first line medication in the last 130 days, grandfathering is not required
COX-2 Inhibitors	Arthritis/Pain	Celebrex	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin, diclofenac sodium/misoprostol	Prior use of 2 first line medications in the last 130 days
DPP-4 Inhibitors <i>Formerly called Januvia</i>	Antidiabetic	<b>Rule 1:</b> Januvia, Janumet/XR, Onglyza, Kombiglyze, Tradjenta, Jentadueto <b>Rule 2:</b> Juvisync	<b>Rule 1:</b> metformin, metformin extended-release, metformin/glyburide, metformin/glipizide <b>Rule 2:</b> Januvia, Janumet/XR, Onglyza, Kombiglyze, Tradjenta, Jentadueto	Prior use of 1 first line medication in the last 130 days (Rule 1 to Rule 1, Rule 2 to Rule 2)
Fenofibrate	Cholesterol	Tricor, Lofibra, Antara, Triglide, Lipofen, Fenoglide, Trilipix, Fibricor	fenofibrate, fenofibric acid	Prior use of 1 first line medication in the last 130 days
HMG - Enhanced Lipitor Non-Formulary	Cholesterol	<b>Step-Three:</b> Altopen, Caduet, Lescol, Lescol XL, Mevacor, Pravachol, Zocor, Lipitor, Livalo	<b>Step-One:</b> lovastatin, pravastatin, simvastatin, atorvastatin, fluvastatin, atorvastatin/amlodipine <b>Step-Two:</b> Crestor, Vytorin	Prior use of a Step-One medication in the last 130 days for a Step-Two medication. Prior use of a Step-Two medication in the last 130 days for a Step-Three medication. Prior use of a Step-One and a Step-Two medication in the last 180 days for a Step-Three medication. Grandfathering is not required
Hypnotics	Insomnia	Ambien CR, Lunesta, Rozerem, Sonata, Ambien, Edluar, Silenor, Zolpimist, Intermezzo	zolpidem/CR, zaleplon	Prior use of 1 first line medication in the last 130 days
Long-Acting Opioid-Oral	Pain	MS Contin, Oramorph SR, Embeda, Avinza, Kadian, Opana ER, OxyContin, Exalgo	Morphine sustained release, oxymorphone extended-release	Prior use of 1 first line medication in the last 130 days
Gabapentin <i>Formerly called Lyrica</i>	Neuropathic pain	Lyrica, Horizant, Neurontin, Gralise	gabapentin	Prior use of 1 first line medication in the last 130 days
Metformin	Diabetes	Glucophage XR, Glucophage, Fortamet, Riomet, Glumetza	metformin, metformin extended-release	Prior use of 90 days of therapy of first line medication in the last 130 days

**Franklin County Cooperative Health Benefits Program**  
**Express Scripts, Inc. Step Therapy Drug List**

**Most step therapy programs have exception criteria. Depending on a member's specific medical history, a back-up medication may be approved without a trial of a front-line medication.**  
**This list is subject to change without notice.**

Step Therapy Program	Indication	BACK-UP MEDICATION If your prescription is for one of these medications ...	FIRST LINE MEDICATION Step Therapy asks you to first try one of these medications ...	Step Therapy looks for ...
Mirapex/Requip	Restless Leg Syndrome/ Parkinson's Disease	Mirapex, Mirapex ER, Requip XL, Requip	ropinirole, pramipexole	Prior use of 1 first line medication in the last 130 days
Nasal Steroids	Allergies	Rhinocort Aqua, Beconase AQ, Nasacort AQ, Nasonex, Flonase, Veramyst, Omnaris, Qnasi, Zetonna, Dymista	fluticasone propionate, flunisolide, triamcinolone nasal spray	Prior use of 1 first line medication in the last 180 days
Non-sedating Antihistamines (NSA)	Allergies	Claritin, Clarinex-D, Xyzal	loratadine^, loratadine-D^, fexofenadine^, fexofenadine-D^, cetirizine syrup, cetirizine^, cetirizine-D^, levocetirizine ^ these over-the-counter (OTC) products are not covered under your prescription benefit	Prior use of 1 first line medication in the last 180 days
Overactive Bladder (OAB)	Overactive Bladder	Detrolo, Detrol LA, Sanctura/XR, Vesicare, Enablex, Oxytrol, Ditropan, Ditropan XL, Toviaz, Gelnique	oxybutynin IR, oxybutynin XL, trospium/XR, tolterodine	Prior use of 1 first line medication in the last 130 days
Proton Pump Inhibitors - Enhanced	Stomach acid conditions	<b>Step Two:</b> Nexium, omeprazole-sodium bicarbonate, lansoprazole orally disintegrating tab <b>Step Three:</b> Aciphex, Dexilant (formerly Kapidex), Prilosec, Protonix, Zegerid, Prevacid, First-Lansoprazole, First-Omeprazole	<b>Step One:</b> omeprazole (Rx or OTC), lansoprazole, pantoprazole	Prior use of a Step-One medication in the last 130 days for a Step-Two medication. Prior use of a Step-Two medication in the last 130 days for a Step-Three medication. Does NOT target kids 2 years of age and younger.
ADHD - Non-stimulant Formerly called Strattera	ADHD	Strattera, Intuniv, Kapvay	Adderall, Adderall XR, Concerta, Daytrana, Desoxyn, Dexedrine, Dexedrine Spansules, Dextroamphetamine IR, Dextroamphetamine SR, dextmethylphenidate IR, Focalin, Focalin XR, Metadate CD, Metadate ER, methamphetamine, Methylin, Methylin ER, methylphenidate ER, methylphenidate immediate release, mixed amphetamine salts IR, Ritalin LA, Ritalin SR, Vyvanse	Prior use of 1 first line medication in the last 130 days
Symbax	Psychosis	Symbax	Ability, Clozaril, Fazaclor, Geodon, Risperdal, Risperdal M-Tab, Risperidol Consta, Seroquel, Seroquel XR, Zyprexa, Zyprexa Zydis, Zyprexa Relprev, Invaga, Invaga Sustenna, Fanapt, Saphris, Latuda	Prior use of 1 first line medication in the last 130 days
Tekturna	Hypertension	Tekturna, Tekturna HCT, Valtturna, Amturnide, Tekamio	benazepril, benazepril/HCTZ, benazepril/amldipine, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, moexipril, moexipril/HCTZ, perindopril, quinapril, quinapril/HCTZ, trandolapril, trandolapril/verapamil, enalapril/felodipine, benazepril/amldipine	Prior use of 1 first line medication in the last 130 days
Tetracycline - oral	Dermatologic Conditions	Declomycin, Adoxa, Monodox, Avidoxy/kit, Adoxa/CK/TT/Pak, Doryx, Vibramycin, Vibra-Tabs, Oraxyl, Periostat, Oracea, Dynacin, Minocin/kit/PAC, Solodyn, Sumycin, Alodox/kit, Morgidox, Ocudox	demeocycline, doxycycline, minocycline, tetracycline	Prior use of 1 first line medication in the last 130 days
Thiazolidinediones (TZD)	Antidiabetic	Actos, Avandia, Actoplus Met/XR, Avandamet, Duetact, Avandaryl	metformin, metformin extended-release, metformin/glyburide, metformin, glipizide, metformin/repaglinide, pioglitazone, pioglitazone/metformin, pioglitazone/glimepiride	Prior use of 1 first line medication in the last 130 days.
Topical Corticosteroids	Dermatologic Conditions	Aclovate, Ala-Scalp HP, ApexiCon, Capex, Clobex, Elocon, Halog, Halonate, Florone, Kenalog, Cloderm, Cordran, Locoid, Luxiq, Olux, Pandel, Psorcon, Derma-Smooth/FS, Dermatop, Texacort, Vanos, Diprolene/AF, Verdeso, Desonate, Olux-Olux-E, Desowen, Cutivate, Zytopic, Nucort Lotion, Florone, Ultravate, Topicort/LP, Lindex, Westcort, Mometexin, Pediaderm/TA, Triderm, Scalacort, Samol-HC, Pramosone, Pramosone E, Desonil/kit, Aqua Glycolic HC	alclometasone, amcinonide, betamethasone dipropionate (augmented), betamethasone dipropionate, fluocinonide, fluticasone, halobetasol, betamethasone valerate, hydrocortisone, clobetasol, hydrocortisone butyrate, desonide, desoximetasone, hydrocortisone valerate, mometasone, triamcinolone, diflorasone, fluocinolone, clorcortolone, flurandrenolide, halocinonide, prednicarbate	Prior use of 2 first line medications in the last 130 days
Topical Immunomodulators	Dermatologic Conditions	Eliel, Protopic	alclometasone, amcinonide, betamethasone dipropionate (augmented), betamethasone dipropionate, clobetasol, clobetasone, fluocinonide, fluticasone, halobetasol, betamethasone valerate, hydrocortisone, hydrocortisone butyrate, hydrocortisone buteprate, hydrocortisone acetate, desonide, desoximetasone, hydrocortisone valerate, mometasone, triamcinolone, diflorasone, fluocinolone, clorcortolone, flurandrenolide, halocinonide, prednicarbate	Prior use of 1 first line medication in the last 60 days
Tramadol	Pain	Ultram, Ultracet, Ultram ER, Ryzolt, Rybix ODT, ConZip	tramadol/ER, tramadol/acetaminophen	Prior use of 1 first line medication in the last 130 days
Uloric	Gout	Uloric	allopurinol	Prior use of 1 first line medication in the last 130 days
Zetia	Cholesterol	Zetia	simvastatin*, pravastatin*, lovastatin*, Juvisync, Lipitor, Lescol, Lescol XL, Altopen, Pravachol, Crestor, Mevacor, Zocor, Caduet, Advicor, Simcor, Vytorin *try one of these generics first to avoid being targeted by another step therapy program.	Prior use of 1 first line medication in the last 130 days